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02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

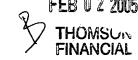
OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response... 1



FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DAT	E RECEI	VED				

Name of Offering ([] check if this i SKY POWER TECHNOLOGIES, I	s an amendment and name has changed, and indicate change.) NC.
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u> [] <u>Rule 505</u> [X] <u>Rule 506</u> [] Section 4(6) [] ULO
Type of Filing: [x] New Filing [] Amendment
	A. BASIC IDENTIFICATION DATA
1. Enter the information requested	about the issuer
Name of Issuer ([] check if this is Sky Power Technologies, Inc.	an amendment and name has changed, and indiciate change.)
Address of Executive Offices	1555 East Flamingo Road, Suite 155, Las Vegas, Nevada 89119
Telephone Number (Including Area	a Code) (702) 387-7200



Address of Principal Business C Number (Including Area Code) (if different from Executive Office	eperations (Number and Street, City, State, Zip Code) Telephone es)
Brief Description of Business Providing retail high technology	cafes.
Type of Business Organization [X] corporation [] business trust	[] limited partnership, already formed [] other (please specify): [] limited partnership, to be formed
	Month Year orporation or Organization: [0]3] [0]1] [☑] Actual [] Estimated organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [N][V]

Δ	RΔ	SIC	IDE	UTIF	CAT	ION	DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of,
 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[x] Executive Officer	[x] Director [] General and/o Managing Partner
Full Name (Last nam	ne first, if individu	ual) Deller, Wil	liam		
Business or Residen 1555 East Flamingo			et, City, State, Zip Cod levada 89119	e)	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[x] Executive Officer	[x] Director [] General and/o Managing Partner
Full Name (Last nam	ne first, if individu	ual) Deller, Joh	n R.		
Business or Residen 1555 East Flamingo			et, City, State, Zip Cod levada 89119	e)	
Check Box(es) that Apply:	[] Promoter	Beneficial Owner	[x] Executive Officer	[x] Director [General and/or Managing Partner
Full Name (Last nam	ne first, if individu	ual) Carvalho, F	Robespierre		
Business or Residen 1555 East Flamingo			et, City, State, Zip Cod levada 89119	e)	
***************************************					<u> </u>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. IN	FORMA	TION A	BOUT OI	FERING	3				
1. Has the issuer sold, or does offering?	s the issu	uer inten	d to sell,	to non-a	ccredite	d investo	rs in this	Υε [es]	No [x]
	1				_	der ULO				
2. What is the minimum invest	ment tha	at will be	accepte	d from a	ny individ	dual?		_	10.0	
3. Does the offering permit join	nt owner	ship of a	single u	ınit?				Υε [x		No [
4. Enter the information reque directly or indirectly, any commonnection with sales of secur person or agent of a broker or list the name of the broker or depersons of such a broker or dependent.	nission o ities in tl dealer r dealer. If	or similar ne offerin egistere more th	remuneing. If a pid with the an five (ration for erson to e SEC ar 5) persor	r solicitat be listed nd/or with ns to be l	ion of pu is an ass n a state isted are	rchasers sociated or states associat	ed		
Full Name (Last name first, if i	ndividua	1)								
Business or Residence Addre	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)				<u></u>
Name of Associated Broker or	Dealer						***************************************			
States in Which Person Listed	Has So	licited or	Intends	to Solici	Purchas	sers				
(Check "All States" or chec	k indivi	dual Sta	ates)				[] All S	tate	es
[AL] [AK] [AZ] [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1	D]
[IL] [IN] [IA] [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[1	MO]
[MT] [NE] [NV] [NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[}	PA]
[RI] [SC] [SD] [TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[}	PR]
Full Name (Last name first, if i	ndividua	1)	***************************************							
Business or Residence Address	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)				
Name of Associated Broker or	Dealer	i								
States in Which Person Listed	Has So	licited or	Intends	to Solicit	Purchas	sers				·····
(Check "All States" or chec	k indivi	dual Sta	ates)				[] All S	tate	s
[AL] [AK] [AZ] [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1	D]
[IL] [IN] [IA] [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]		MO]
[MT] [NE] [NV] [NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[1	PA]
[RI] [SC] [SD] [TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[VV]	[WI]	[WY]	[[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering

and already exchanged.			
		Aggregate	Amount Already
Type of Security Debt	; [Offering Price	Sold \$
Equity	I .	\$ \$ 4,000,000	\$ \$
	[] Preferred	Ψ <u>Ψ,000,000</u>	Ψ
Convertible Securities (including	,	\$	\$_
Partnership Interests	-	\$ \$	\$
Other (Specify		\$	\$
	· · · · · · · · · · · · · · · · · · ·	\$ 4,000,000	\$
	olumn 3, if filing under ULOE.	<u> </u>	<u> </u>
ourchased securities in this offering heir purchases. For offerings under	ties and the aggregate dollar amount		Aggregate Dollar Amount
Accredited Investors Non-accredited Investors Total (for filings under Rule 50 Answer also in Appendix, C	i	Investors 0 0 0	of Purchases \$ \$
Non-accredited Investors Total (for filings under Rule 56 Answer also in Appendix, C 3. If this filing is for an offering unde nformation requested for all securition of the types indicated, the	olumn 4, if filing under ULOE. Rule 504 or 505, enter the es sold by the issuer, to date, in	Investors 0 0	of Purchases \$ \$
Non-accredited Investors Total (for filings under Rule 56 Answer also in Appendix, C 3. If this filing is for an offering unde nformation requested for all securition offerings of the types indicated, the sale of securities in this offering. Class-Question 1.	olumn 4, if filing under ULOE. Rule 504 or 505, enter the es sold by the issuer, to date, in twelve (12) months prior to the first ssify securities by type listed in Part	Investors 0 0	of Purchases \$ \$ Dollar Amount Sold
Non-accredited Investors Total (for filings under Rule 56 Answer also in Appendix, C 3. If this filing is for an offering unde nformation requested for all securition offerings of the types indicated, the sale of securities in this offering. Class-Question 1. Type of offering Rule 505	olumn 4, if filing under ULOE. Rule 504 or 505, enter the es sold by the issuer, to date, in twelve (12) months prior to the first ssify securities by type listed in Part	Investors 0 0 0	of Purchases \$\$ \$ Dollar Amount
Non-accredited Investors Total (for filings under Rule 56 Answer also in Appendix, C 3. If this filing is for an offering unde nformation requested for all securition offerings of the types indicated, the sale of securities in this offering. Class-Question 1.	olumn 4, if filing under ULOE. Rule 504 or 505, enter the es sold by the issuer, to date, in twelve (12) months prior to the first ssify securities by type listed in Part	Investors 0 0 0	of Purchases \$ \$ Dollar Amount Sold

this offering. Exclude amounts relation	nses in connection with the issuance and disting solely to organization expenses of the issuencies. If the amount of an expenditure is not to the estimate.	ier. The inforn	nation may
Transfer Agent's Fees		[]\$_	
Printing and Engraving Costs		[]\$_	
Legal Fees		[x] \$	10,000
1		[x] \$	15,000
_		• • • —	
	ders' fees separately)		
` · · ·		[]\$_	
Total		[x] \$	25,000
i		[∧] ∀	20,000
- Question 1 and total expenses furni difference is the "adjusted gross prod 5. Indicate below the amount of the a proposed to be used for each of the purpose is not known, furnish an esti estimate. The total of the payments li	djusted gross proceeds to the issuer used or ourposes shown. If the amount for any mate and check the box to the left of the	his \$ <u>3.</u> !	975,00 <u>0</u>
!		Payments to	
		Officers,	Payments
: :		Directors, &	
 		Affiliates	Others
Salaries and fees		[] \$	[] \$
!			
Purchase of real estate		[]	[] \$
Purchase, rental or leasing and	installation of machinery	[]	[]
and equipment		\$	\$
		[]	[]
Construction or leasing of plant	buildings and facilities	\$	\$
Acquisition of other businesses	(including the value of		
securities involved in this offering		[]	[]
exchange for the assets or secu	urities of another issuer	\$	\$
pursuant to a merger)			
Repayment of indebtedness		[]	
		\$	\$
Working capital	·	[]	[]
		\$	\$ <u>3,975,000</u>
Other (specify):		[x]	
		\$	Φ
	· · · · · · · · · · · · · · · · · · ·	[] \$	[]
!		[]	Ψ
Column Totals		\$ \$	\$
Total Payments Listed (column	totals added)	•	975,000
, (-3.3		[14] +21	
1			

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature
Sky Powers Technologies, Inc	
Name of Signer (Print or Type)	Title of Signer (Print or Type)
John R. Deller	Director & CFO

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1. Is any party described in 17 CFR provisions of such rule?	230.262 presently subject to any of the disqualification	Yes No
See /	Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)		\S\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Sky Power Techno	logies, Inc.	10 -17-02	4
Name of Signer (Print or Type)		Title (Ffint or Type)	1
John R. Delle		Director 4 CFO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	······································	3			4		5	
	Intend t to non-acc investors (Part B-I	o sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		X	Common Stock 4,000,000	0	0	0	0		X
AR									
СА		X	Common Stock 4,000,000	0	0	0	0		X
СО									
СТ									
DE							-		
DC			' '						
FL									
GA									
HI									
ID									
IL									
IN									
IA				<u> </u>					
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN		<u> </u>				 			
MS						<u> </u>			
МО		<u> </u>							
MT									

NE							
NV	X	Common Stock 4,000,000	0	0	0	0	X
NH			,				
NJ							
NM			:				
NY							
NC							
ND		:					
ОН							
ОК							
OR		:					
PA							
RI							
SC							
SD							
TN							
TX							
UT							
VT			1				
VA							
WA		- : :					
WV							
WI							
WY							
PR							

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002